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deceit, robbery, and murder only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1-5

FILED AUG 14 1957

STANDARD CERTIFICATE OF DEATH

STATE THE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 74

MEDICAL CERTIFICATION	1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>						
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Mt. Vernon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		Length of stay in lb <u>3323 days</u>		d. STREET ADDRESS (If outside, give location) <u>S. West St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	3. NAME OF DECEASED (Type or print) First <u>Carmel</u> Middle <u>Edward</u> Last <u>Hinkle</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>3</u> Year <u>1957</u>						
	5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 9, 1926</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student, Hospital Orderly</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Clarkton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Edward Hinkle</u>				14. MOTHER'S MAIDEN NAME <u>Ruth Esther Prance</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>368-24-5118</u>		17. INFORMANT <u>San. records, Mo. State San., Mt. Vernon, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cor. Pulmonate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis far advanced, active</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>CO 2 X</u>									INTERVAL BETWEEN ONSET AND DEATH <u>13 1/2 years</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18). 20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION <u>Mt. Vernon, Missouri</u>			COUNTY _____ STATE _____		
21. I attended the deceased from <u>June 28, 1948</u> to <u>Aug. 3, 1957</u> and last saw <u>xxx</u> alive on <u>Aug. 3, 1957</u> Death occurred at <u>11:10 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>H. Vernon Angelcutty M.D.</u>						22b. ADDRESS <u>Mt. Vernon, Missouri</u>		22c. DATE SIGNED <u>8-5-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-6-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mt. Vernon, Mo.</u>					
24. FUNERAL DIRECTOR <u>H. P. Fossett - Mt. Vernon - Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>					

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by me....., Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. D. Lassitt.....

Licensed Embalmer No. 72

P. O. Address mt. Vernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.